



# Services to Deaf and Hard of Hearing People

Missouri Department of Mental Health

July 13, 2006




*"There is within us a spark of heavenly fire,  
which lies dormant in the broad daylight of  
prosperity, which is kindled to beam and to  
blaze in the darkness of adversity."*

Washington Irving



# Guiding Principles:

- Deaf people represent a unique cultural minority group, not a group of people with a disability.
- Deaf people have a right to receive mental health services in their preferred language from a mental health professional fluent in their language, and aware of cultural uniqueness of the Deaf Community.
- Interpreters, as a service bridge, should be used only as a last resort, rather than the first solution sought by providers.



“You can’t solve a problem with  
the same level of thinking that  
caused the problem in the first  
place”

Albert Einstein



# **WHAT HAS BEEN DONE?**

- 2004 - Partial funding restored by Legislative action
- 2005 - Part-time director (contractual basis)
- October 2005 - Full-time Deaf Services Director, reporting to Deputy Director of DMH
- December 2005 - meetings initiated with Burrell Behavioral Health (Springfield) to develop community based services for MRDD, ADA and Psychiatric Services and to establish a 6-bed Treatment Home for Deaf adolescents.



# **WHAT HAS BEEN DONE?**

- February 2006 - Five year goals roughed out and presented to DMH.
- March 2006 - Initial assessment of Alcohol and Drug Treatment Program in Kansas City - significant weaknesses identified.
- May 2006 - "Revisiting the Dream". Draft PLAN released for feedback from stakeholders statewide.
- June 2006 – DMH provided funding to hire 3 Outpatient clinical personnel, to serve MRDD, ADA and CPS clients, children, families and adults in Southwest Missouri, based at Burrell Behavioral Health. This is viewed as a Pilot project, to identify local/regional needs.



# **CURRENT INITIATIVES**

Staffing (recruiting and retention) are major priorities.

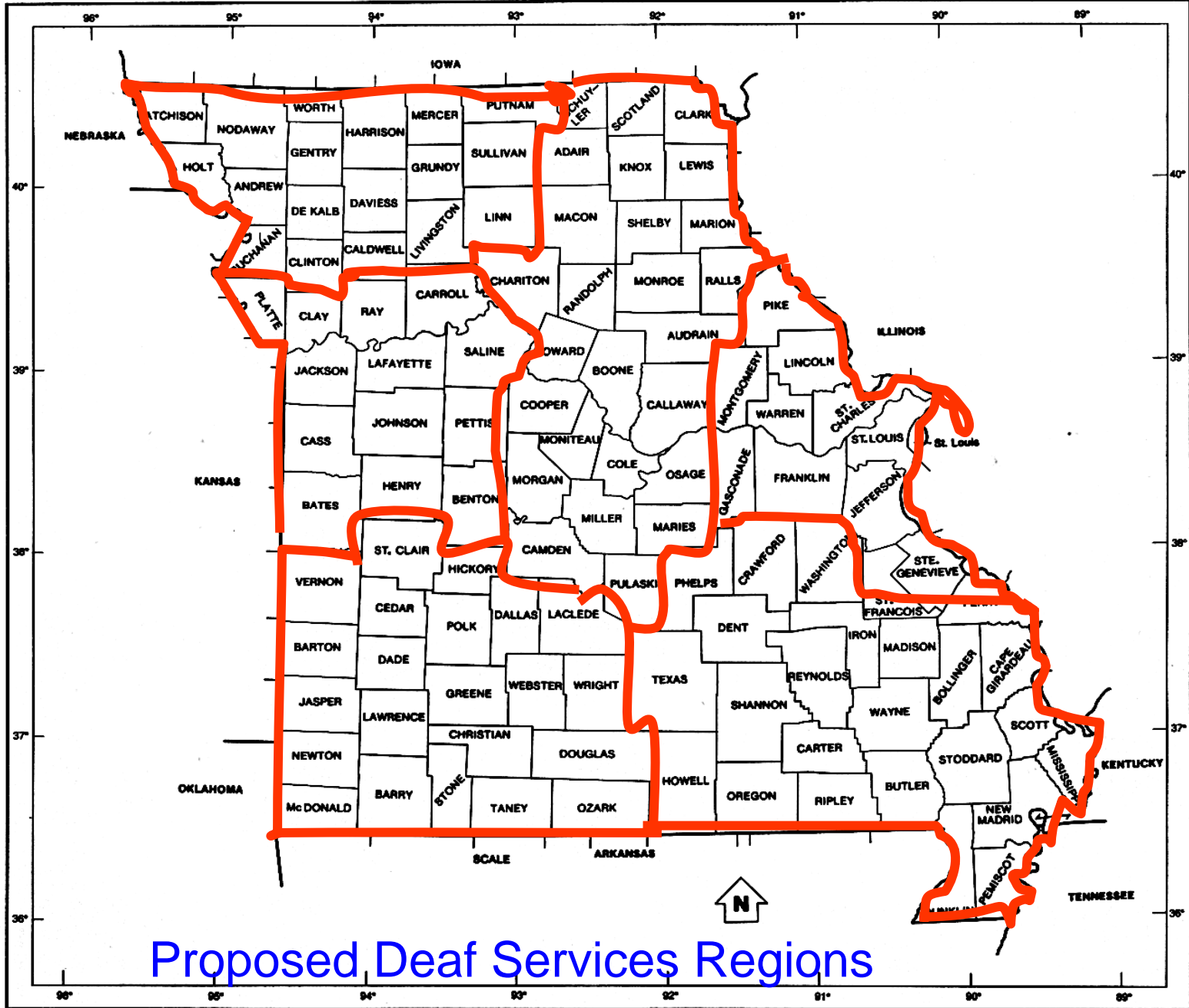
- Identify the many in-state professionals who are qualified to fill full-time positions in various regions of the state.
- In the short-term, out-of-state recruiting to identify potential staff with experience and create offers which will be sufficient to attract personnel to Missouri.



# **CURRENT INITIATIVES**

- Conduct an in-depth analysis of current expenditures for "Deaf Services" throughout the Department, and identify areas where funds may be redeployed for more appropriate service delivery.
- We are developing Regional Service Teams which will be based in Springfield, Mid-Missouri, Kansas City, St. Louis, St. Joseph and Cape Girardeau areas.







# **CURRENT INITIATIVES**

- Encouraging language accessible AA, NA and other support groups so that Deaf people may be accommodated in groups by and for Deaf people.
- Establish a single inpatient treatment unit for Deaf adults with Substance Abuse, Mental Illness or severe behavioral needs. This is intended to be a short-term, acute care unit, staffed by qualified professionals fluent in sign languages and knowledgeable of Deaf Culture.



# **CURRENT INITIATIVES**

- Utilize existing and emerging technologies to reach out to rural (and urban) populations of Deaf consumers, thus extending the reach and the impact of scarce professional resources. Along with real-time text messaging and video conferencing, the Internet will be widely use to disseminate basic information to consumers and potential consumers for both preventive care and identification of needs.
- Establish a statewide Advisory Panel including stakeholders, family members, consumers, mental health professionals to provide guidance for Program growth, and make recommendations for improvements where necessary.



# **FUTURE DIRECTIONS**

- Ultimately, Missouri must grow our own through in-state educational programs and providing scholarship incentives for qualified students.
- Continue Recruiting and Retention of qualified staff. Turnover is a fact of life in such programs, and a constant "feeder stream" needs to be cultivated to insure professional and paraprofessional development.
- Work collaboratively with the Missouri School for the Deaf in establishing a Treatment Program for emotionally disturbed children and youths, preferably on the MSD campus.
- In collaboration with National organizations, host a national/international conference on Evidence-Based Practices in Mental Health Care and Deafness, based on published findings from the project here envisioned.



# **FUTURE DIRECTIONS**

- Goal: within 5 years, every Deaf and Hard of Hearing person in Missouri with mental health needs shall have access to a professional knowledgeable of Deaf Culture and fluent in the language of the consumer, regardless of where the client resides.
- Establish PREVENTION programs and activities for families with Deaf children, in collaboration with existing projects (i.e. Parents as Teachers) to encourage fluent in-home communication and identify emerging problems early in a child's development.
- Publish regularly in scientific journals as well as the Internet regarding the findings and trends we observe among Consumers and program supports.
- Regularly conduct Program Evaluation activities to ensure goals are being met and consumers are working towards recovery, overall. In some circumstances new and unique "language-free" measures will need to be developed.